Healthcare Excellence Canada

CANADIAN PARTNERSHIP AGAINST CANCER

Promising Practice: Community Allied Mobile Palliative Partnership (CAMPP)

Community Allied Mobile Palliative Partnership

campp

Healthcare Excellence Canada (HEC) and the Canadian Partnership Against Cancer (the Partnership) would like to formally acknowledge the generosity of the CAMPP team in sharing their skills, knowledge, expertise and experiences to form this promising practice document. For our program team, it is a privilege to share the details of this work; however, we recognize that the contributions CAMPP has made to equity in palliative care reach far beyond what can be captured in this brief document. CAMPP has graciously shared their work and their time with us and for that we are deeply grateful.

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

The views expressed herein do not necessarily represent the views of Health Canada.

About the Canadian Partnership Against Cancer

As steward of the Canadian Strategy for Cancer Control (the Strategy), the Canadian Partnership Against Cancer (the Partnership) receives ongoing funding from Health Canada to work with provincial and territorial ministries of health and their cancer programs, health system leaders and clinicians, and people affected by cancer across Canada to implement the Strategy to improve cancer outcomes for all people in Canada. Learn more at www.partnershipagainstcancer.ca.

The Promising Practice

Community Allied Mobile Palliative Partnership (CAMPP) is uniquely positioned as an adaptive, interfacing and outreach-based service to improve palliative and end-of-life experiences for persons with a life-limiting or life-threatening illness who are experiencing or at risk of homelessness. It is an operational partnership between Alberta Health Services (AHS) Calgary Zone's Palliative and End-of-Life Care (PEOLC) and CUPS Calgary Society in Calgary, AB.

CUPS is a not-for-profit organization that works with individuals impacted by poverty, trauma and systemic marginalization. CUPS aims to empower people to identify and leverage their abilities to achieve their goals, build skills, knowledge and resources, and improve well-being through an integrated, trauma-informed and strengths-based approach.

The Calgary Zone's PEOLC portfolio's vision is for all adults in the Calgary Zone to have access to excellent sustainable integrated advance care planning, palliative and hospice care, and bereavement support.

This unique partnership and collaboration leverages their respective and unique strengths and services for the delivery of palliative care to this population.

CAMPP was developed by a palliative care physician, Dr. Simon Colgan, and colleagues. CAMPP saw its first client in 2016.

Goals

Goal 1—Partnership and Participation: To invigorate the movement of direct stakeholders, carers, civil society, government and academia to: 1) improve understanding and 2) mobilize a coordinated palliative and end-of-life care (PEOLC) response, with target population, that includes supporting persons dying with dignity, comfort and in the setting of their choice.

Goal 2—Equitable and Quality PEOLC: To improve PEOLC experiences through service delivery and strategic community, sector and system-focused structural and educational capacity building.

Goal 3—Research and Data: To foster quality improvements in health, social service and homeless-serving systems through enhanced data collection and generation of research evidence.

Goal 4—Funding and Resources: To secure sustainable funding and resources scaled to service needs that are required annually to advance PEOLC equity and quality (Strategic Sightline CAMPP: April 2022 to March 2026).

Model

CAMPP's mission is to improve the palliative and end-of-life experience of vulnerably housed and unhoused persons with a life-limiting/threatening illness. CAMPP seeks to inspire collaborations and advance an adaptive, outreach-based service that focuses on building capacity for equitable palliative care, which includes compassionate, evidence-based care, culturally sensitive relationship-based care, trauma-informed care and harm reduction principles. CAMPP ensures that palliative services are responsive to serve individuals, working on a case-by-case basis to break down barriers and address needs.

CAMPP provides intensive case management support 'where people are at' to improve access to palliative health supports. This includes taking people to appointments and building relationships so they are comfortable to access these services, as well as providing advocacy and navigation support.

CAMPP is not a standalone program, but rather a collaboration of services provided through a partnership between AHS Calgary Zone and CUPS, in partnership with a number of other agencies.

Services can include: meeting the client 'where they are at' through outreach (versus having to go to a clinic) to provide both social supports and specialist palliative care, to help with "palliative home care readiness," connecting with a primary care provider, helping with finding housing, helping with transportation for appointments, providing education on medication, providing connections to health and community services, helping with daily activities (e.g. banking), providing grief support, helping with documentation (e.g. getting an ID), completing advanced care plans and advocating within health and social services, including access to palliative care. CAMPP clients on palliative home care receive access to multidisciplinary support (e.g. spiritual care, physical therapy, occupational therapy, respiratory therapy, social work, specialized nursing care).

Team

The current team structure for CAMPP includes a part-time team lead, a full-time health navigator, a full-time nurse navigator, a part-time AHS Calgary Zone Palliative Home Care Clinical Nurse Specialist, and physician support from the AHS Palliative Care Consult Services on a weekly and on-call basis.

Funding

Original funding for CAMPP came from an anonymous donor through the University of Calgary. Over time, funding has come from a variety of sources, including through the City of Calgary, foundations, individual donors and AHS Calgary Zone. Currently, funding comes from AHS Calgary Zone, the Calgary Homeless Foundation and the City of Calgary Community Safety Investment Framework, all of which are year-to-year funding.

CAMPP completed strategic planning with AHS Calgary Zone and CUPS in January 2022 to support strategic direction, goal setting and future vision planning.

Population served

CAMPP's clients are people experiencing or at risk of homelessness who have a life-limiting illness and require tailored health and social care. The definition of who CAMPP serves is purposefully as broad as the services it provides. The criteria for CAMPP's clients are also intentionally broad and indefinite to minimize barriers to access. CAMPP's clients often suffer from comorbidities such as mental health challenges and substance use issues.

Outcomes and Impacts

Between 2020 and 2023, there were 211 patients referred to CAMPP. Of these clients, 49 percent were referred from acute care, 30 percent from community partners, 17 percent from CUPS and four percent from the Addiction Recovery and Community Health Team (ARCH). Of these 211 patients, 141 enrolled in CAMPP. Sixty percent were unhoused at intake. Seventy-three percent of enrolled clients were male, while 27 percent were female. The average age was 56.

An **evaluation was conducted in 2020** with data collected from June 1 to October 31, 2020. The evaluation included four telephone interviews and one in-person interview with clients (asking about their experiences with the CAMPP program). It also included a review of 128 client charts, 31 service provider surveys and a review of program metric data from October 1, 2016 to July 8, 2020 (O'Brien Institute, 2020; Petruik and Colgan, 2022). In this evaluation, **service providers** gave generally positive feedback. The vast majority (97 percent) said CAMPP was "integral to community health care for people experiencing housing vulnerability with a life-limiting illness" (O'Brien Institute, 2020, p. 31). Eighty-seven percent agreed or strongly agreed that the knowledge they had about working with those with life-limiting illnesses had increased since collaborating with the CAMPP program. On a scale from 1 to 10 rating the extent to which the service providers felt that CAMPP was essential as a provider of palliative approaches for people experiencing homelessness, the mean was nine and a half. CAMPP was seen as an essential, "low barrier" service (O'Brien Institute, 2020).

Clients interviewed were also satisfied with CAMPP's services. Providing services focused on basic needs and activities for daily living (including medications, transportation, food, medical appointments) was felt to be important (O'Brien Institute, 2020).

The focus on relationship building and using approaches that were non-judgmental, and being accepting and compassionate were viewed as effective. CAMPP was felt to bridge the gaps in services and care for clients through communication and advocacy (O'Brien Institute, 2020).

> "CAMPP has ensured improved care for people living with life-limiting conditions who experience complex service needs...effectively reduced barriers in accessing existing services as demonstrated by their extensive work connecting clients to various services across health and social sectors... facilitated the palliative consultation process where needed and also worked to graduate clients who no longer required palliative support...connected clients to existing social and health services and delivered education and capacity-building for services providers in palliative care and homelessness demonstrating an effective cross-sectoral approach to their work"
>
> (O'Brien Institute, 2020, p. 31-32).

Collaboration

The CAMPP partnership is an AHS Calgary Zone and CUPS collaborative effort. In addition to the formal partnership described above, there are collaborations across AHS sectors, including with the Tom Baker Cancer Centre Indigenous patient navigator, in-patient palliative care consult teams and with palliative home care nurses.

CAMPP receives most referrals from Acute Care Hospital Units, internally from CUPS programs and other community health partners. CAMPP's clients may have a "warm handover" from other CUPS programs, other palliative care programs such as palliative home care or other community agencies.

Partnerships with hospice

CAMPP collaborates with the Calgary Zone hospices and provides support to hospice teams caring for CAMPP clients.

Partnerships with other palliative care teams across Canada

CAMPP has connections with other palliative care teams across Canada including the Palliative Care Outreach and Advocacy Team (PCOAT) in Edmonton, AB and the Palliative Outreach Resources Team (PORT) in Victoria, BC (see PCOAT and PORT promising practices in this compendium). There is also a Community of Practice between these teams.

Partnerships in the community

CAMPP works with the homeless shelter community and housing partners to help get people into temporary accommodations and to provide palliative support within housing environments including end-of-life care.

Community events (e.g. Longest Night of the Year), media engagement (radio, TV) and talks given to community groups are done to engage community.

Many people offer to donate their time or want to work with CAMPP, but the team currently lacks the infrastructure to train and administer a formal volunteer program.

To date, the involvement of clients in the planning, delivery and evaluation of CAMPP has focused on getting clients' thoughts and opinions on the program. Clients have been involved from the start informally through telling their stories and attending meetings to speak to their experiences. Formal data on client experience have been collected in the past, as noted above. There are current research projects underway with the University of Calgary and the University

of Victoria to interview CAMPP clients about their experience. CUPS has a Client Advisory Committee for people with lived experience, but this is not CAMPP-specific. The C2C team has a peer navigator with lived experience, which is helpful for educating other members of the team at CUPS.

Key principles

- Partnership was a founding principle for CAMPP. One group cannot do this work on its own – this work needs to be done in partnership.
- Relationship-centred care built on mutual trust is pivotal to the model. Trust of the healthcare system is often difficult for CAMPP clients, and many have experienced stigma and trauma over many years.
- Advocacy is a critical part of CAMPP's work.
- The social determinants of health are key to address, and the vast majority of CAMPP's work is navigating them.
- A trauma-informed and harm reduction approach is needed.
- A low threshold to care/referral processes is needed.

Lessons Learned

Recommendations from the evaluation

In the evaluation conducted in 2020, several recommendations were noted from service providers including incorporating **"more streamlined communications"** between care providers, **improved clarity/communication** on where CAMPP fits in with other palliative care services and improved **clarity regarding referrals** (O'Brien Institute, 2020, p. 31). Clients found CAMPP's **harm reduction and trauma-informed approach** as key to success. Client feedback included that it could be difficult to know who to contact given the number of care workers with whom they interact, and that having increased clarity on who is who, and their responsibilities to the client, would be useful. Hence, recommendations from the evaluation included:

- Ensuring clear information and education to service providers about CAMPP and palliative care to encourage referrals (as more people could be served than currently are referred).
- Providing **clarity on services** provided by CAMPP to clients and ensuring **clarity of roles** between providers.
- Developing a **systematic monitoring and evaluation system** and sharing of data across the health and social sectors.
- Continuing supporting clients and providers in **navigating** the health and social systems (O'Brien Institute, 2020, p. 33-37).

Other **lessons learned to date** that were identified in the interviews include:

- Partnerships have been key and include collaboration at the care provider level as well as at the leadership level. There is intentional work done across these levels to ensure collaboration and open communication.
- CAMPP was not created to 're-invent the system' – CAMPP is attempting to 'enhance' a healthcare system that is already in place to do this work.

- CAMPP is resistant to calling its community beds "hospice beds" – instead they are 'respite,' 'relief,' and/or 'palliative beds' as the clinical situation dictates. These beds can sometimes act as a temporary place to land.
- While many programs like this in Canada share common principles, programs need to be locally specific and based within local context. It is essential that mobile programs are shaped by the needs of the community. Thus, program structures will differ from city to city.
- More trauma-informed, relationship-centred care is needed in health systems in general.
- Housing is a critical social determinant of health; it is impossible to address healthcare needs without addressing housing needs.

Enablers

- CAMPP leverages the strengths of existing organizations. For example, AHS Calgary Zone has experience working in palliative care and is part of the health system. CUPS has experience working in the community and "on the street." The development of the Palliative Home Care Clinical Nurse Specialist position helps to bridge the health system work of AHS Calgary Zone and the community level work of CUPS. This position helps to build connections, solidify relationships and ensures networking across organizations.
- There is cooperation to provide patient-centred care as the clients that CAMPP serves are just as deserving as any other Albertans/Canadians. Collaboration is key between CUPS and AHS Calgary Zone and community agencies. This includes the appropriate sharing of information, ensuring everyone is on the same page so there is no duplication or gaps so the client is being discharged safely with the right supports in place, and the right people know to follow up and help navigate.
- CAMPP showcases and provides clear examples of what day-to-day care looks like in a system. There is interest in CAMPP's work, and people are paying more attention to its ways of working and impact. Outreach work to the healthcare community has been useful (e.g. to oncology, transition services group). The clients themselves are learning to be advocates as well.
- The key to CAMPP's success is having a low threshold for clients to access care. The team is mobile and nimble, allowing CAMPP to meet people wherever they may be, whether that is in people's homes, in shelters or in encampments. The CAMPP program stays fluid and adaptable to remove barriers that arise.

One Client's Experience

Randy lived in an inner-city shelter in Calgary while he was dying from advanced cancer. He was always breathless. At times, he was confused and frightened. Daily, Randy pushed his walker and oxygen tank to get what he needed: food, cigarettes, medications, support from case workers. Randy's frailty made him incredibly vulnerable.

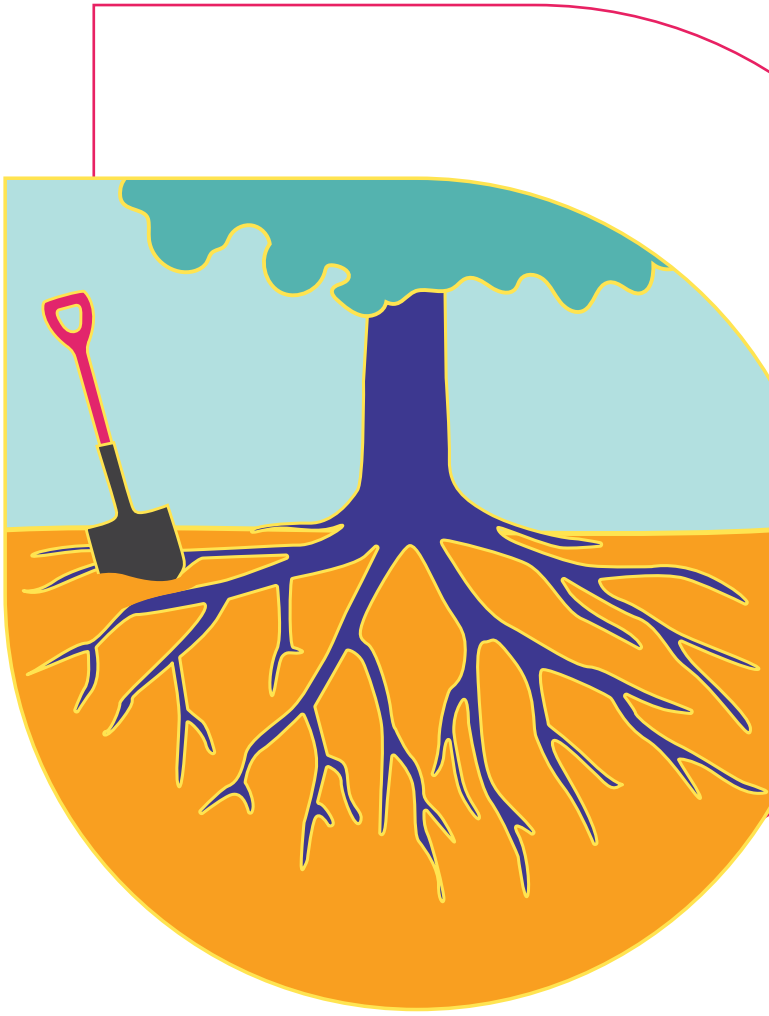
With CAMPP's help, Randy was able to find his way to hospice for the care and pain management that he needed. He is now seen daily by spiritual care, and he has reconnected with his daughter.

"I didn't know this was possible for me. I wake up safe and I have my dignity back."

- Randy

Challenges

- It can take time for people/systems to **understand a model like CAMPP.** At first, healthcare workers did not understand the approach and wondered what CAMPP's role was within the healthcare systems. By sharing stories and narratives, understanding improved, and healthcare leaders became convinced of the need to improve equity in palliative and end-of-life care.
- **Securing sustainable, long-term funding** is key. It took seven years for CAMPP to identify sustainable funding. Staff and leadership continue to develop a shared understanding of how to best to meet the needs of CAMPP clients before considering further growth of the program.
- **Funding is also limited for research** within the homeless population. The health system has challenges in flagging homelessness as a data point. While some quantitative data are available (e.g. from electronic health records), there is opportunity for additional qualitative data. More funding is needed for data collection and analysis.
- The traditional healthcare system tends to be **'algorithmic' in assessing palliative care needs and determining home care eligibility.** We need to be able to 'think outside the box' to deliver truly equitable palliative care. Traditional algorithms can grossly underestimate how sick a person experiencing homelessness or vulnerable housing is.
- A great deal of groundwork and advocacy was done by CAMPP staff to improve the understanding of home care staff of **the needs of the homeless community, allowing home care to be more informed and equitable,** particularly in harm reduction buildings. The result has been early acceptance of CAMPP clients into programs (e.g. for chronic liver disease), as well as a broader understanding of appropriate care.
- **Access to client data** differs **among** staff members, given multiple **patient information systems.** For example, staff of AHS Calgary Zone can see information about clients (e.g. lab results) that CUPS staff cannot. This is challenging for information sharing.



This promising practice was co-produced with CAMPP. Information was compiled in the fall of 2023 and winter of 2024. In keeping with the changing and evolving nature of care, the information may change in the future. We encourage you to reach out to this team for further any information that may be helpful as you work to improve access to palliative care for those you serve.

For more information

To learn more, contact:

Amy Leung, Manager of Clinical Services

amyle@cupscalgary.com

Additional Resources

Website: www.campp.ca

- Strategic Sightline CAMPP: April 2022 to March 2026 http://www.campp.ca/wp-content/uploads/2022/10/CAMPP-StrategicSightline-2022-2027_FINAL_web.pdf
- CAMPP / Alberta Health Services – Service Level Expectations Reporting: Quarterly Reporting Submission- *Quarterly totals, April 1 – June 30th, 2023*

Reports

- O'Brien Institute. (2020). Community Allied Mobile Palliative Partnership (CAMPP) Program Evaluation Final Report October
- Grewal, E. (2019). Health Care Services For People Experiencing Homelessness (Unpublished master's project). University of Calgary, Calgary, AB. http://hdl.handle.net/1880/112188
- Hwang, Stephen, Dowbor, Tatiana, Devotta, Kimberly, and Pedersen, Cheryl. (2017). *Palliative Care Services for People Experiencing Homelessness in Toronto: A Preliminary Needs Assessment.* Centre for Urban Health Solutions Survey Research Unit, St. Michael's Hospital. TC LHIN REPORT Pall Care Services for Homeless Needs Assess May 2017.pdf (icha-toronto.ca)

Articles

- Petruik C, Colgan S. Extending Palliative Approaches to Care Beyond the Mainstream Health Care System: An Evaluation of a Small Mobile Palliative Care Team in Calgary, Alberta, Canada. Palliat Med Rep. 2022 Jun 1;3(1):87-95. doi: 10.1089/pmr.2021.0059. PMID: 35919385; PMCID: PMC9279117. https://pubmed.ncbi.nlm.nih.gov/35919385/
- Palliative care program for Calgary's homeless at risk of shutting down
- Student learns how end-of-life compassion helps those living on Calgary streets
- Mobile palliative care team dignifies Calgary's dying homeless: 'They deserve it'
- Calgary Herald: On Calgary streets: Dignity, at the end of life
- What are the palliative care services available to the homeless population in Canada?
- CBC News Calgary: Mobile team helps Calgary's homeless die with dignity
- Calgary Herald: Colgan: The homeless, like the rest of us, are entitled to end-of-life care